



ARIZONA DEPARTMENT OF COMMERCE

JANET NAPOLITANO
GOVERNOR

JAN LESHER
DIRECTOR

NOTICE OF INTENT

REQUEST FOR GRANT APPLICATION

Solicitation Number G003-09

The Arizona Dept of Commerce is soliciting for Arizona High-Tech Small Businesses that meet the guidelines for the Federal and State Technology (FAST) Partnership Program. Limited grants will be available from the Arizona Department of Commerce *to assist small businesses in the preparation of grant and funding proposals* to SBIR/STTR in accordance with the program guidelines.

NO INSURANCE WILL BE REQUIRED FOR GRANT AWARD SINCE GRANT WRITERS HAVE BEEN PRE-SELECTED.

Copies of Request for Grant Application G003-09 will be available on or after July 16, 2008.

Submit Proposals

Before 3:00 p.m. Wednesday, August 27, 2008.

Late proposals will not be considered.

Use this form to do one of the following to receive a complete copy of the RFGA.

- 1) Fax this form to (602) 771-1202
- 2) Email your form to procurement@azcommerce.com
- 3) Send a written request to 1700 W. Washington B-32, Phoenix AZ 85007, or
- 4) Pick up a RFGA package at the Arizona Dept of Commerce at the address above.

To insure accuracy in transmission of information, telephone requests cannot be accepted.

Contact Name	Phone	Fax
E-Mail Address	Business Name	

Please take note of the official due date and time; it is the responsibility of the potential offeror to request the RFGA in sufficient time to prepare a proposal in accordance with the official due date and time.

This announcement does not commit the Arizona Department of Commerce to award a contract or to pay any costs incurred in the preparation of proposals. Arizona Department of Commerce shall have the right to accept, reject, in whole or in part, all proposals submitted and/or to cancel this announcement.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the Solicitation contact person. Requests shall be made as early as possible to allow time to arrange the accommodation.

Thank you for your interest.

Minority Business Indicator: (check **one** of the following that best describes your business)

- | | | |
|---|--|--|
| <input type="checkbox"/> 01 – Small Business | <input type="checkbox"/> 06 – Small Business/Woman Owner | <input type="checkbox"/> 11 – Small Business/Minority Woman Owner |
| <input type="checkbox"/> 02 – Minority Owner Business | <input type="checkbox"/> 07 – Small Business/Disabled Owner | <input type="checkbox"/> 12 – Small Business/Disabled Minority Owner |
| <input type="checkbox"/> 03 – Woman Owner Business | <input type="checkbox"/> 08 – Minority Woman Owner Business | <input type="checkbox"/> 13 – Small Business/Disabled Minority Woman Owner |
| <input type="checkbox"/> 05 – Small Business/Minority Owner | <input type="checkbox"/> 09 – Disabled Minority Owner Business | <input type="checkbox"/> 00 – None of these apply |
| <input type="checkbox"/> 10 – Disabled Woman Owner Business | | |

Part III Certification